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The Warrior's Combat Surgeon: COL (ret.) John B. Holcomb, MD, FACS—US Army 1985–2008

Lorne H. Blackbourne, MD, FACS, and Basil Pruitt, Jr., MD, FACS

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John Holcomb's career in the US Army began as a general surgery resident at William Beaumont Army Medical Center in El Paso. After a year as a general medical officer in Sinop, Turkey, in 1986, he returned to William Beaumont Army Medical Center to complete his general surgery residency in 1991. His first duty assignment was at Womack Army Medical Center at Fort Bragg where he supported the Special Operations Command. In 1993, with his vacation plans cancelled, he deployed to the coast of Somalia (Fig. 1). Little did he know how this trip would affect his life and the lives of future service members. The peacekeeping quickly turned into 48 non-stop hours of operating on severely wounded from the battlefield of Mogadishu. His Somalia experience gave him a unique and an enduring insight into combat prehospital and surgical care—more than any other individual since the Vietnam War.

Upon return to the States, John Holcomb converted this experience into the indefatigable pursuit of improved combat casualty care. First stop was the US Army Institute of Surgical Research (USAISR) where he was Chief, Military Trauma Research from 1997 until 1999. In 2001, he became the first Director of the Joint Trauma Training Center at Ben Taub Hospital in Houston where he developed combat trauma training, research, and a simulation center. He received additional training in surgical critical care at the University of Texas in Houston from 2001 to 2002. From 2002 until 2008, when he retired, he was the commander of the USAISR and trauma consultant to the US Army Surgeon General.



Fig. 1. COL John Holcomb, MD (on the right) in Mogadishu, Somalia 1993.

John Holcomb's 6 years of leadership at the USAISR helm were transformational. His innovative strategies accelerated advances from the bench top to the battlefield. He brought tourniquets to every deployed US soldier, airman, sailor, and marine in the combat zone. He ushered in a new era of wound management by deploying the first hemostatic dressings in recorded history—abruptly modernizing thousands of years of cloth wound dressings. From battlefield antibiotics to longer thoracic decompression needles—hypotensive resuscitation, the aforemen-

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tioned tourniquets, and hemostatics—his impact literally hangs on the back of every medic in the combat zone.

But of all his contributions, John Holcomb's greatest may be to the care of trauma patients all over the world in the form of damage control resuscitation. The lifesaving effects of this principle—giving the trauma patient what they are losing, blood with all of its components—have only begun to be measured. For trauma patients with massive bleeding, the impact of clotting factors, platelets, fibrinogen, and compo-

nents yet to be defined will likely be a principle focus in trauma research for years to come, with potentially significant impact on mortality.

COL John B. Holcomb retired in July 2008 after 23 years of active duty service in the US Army. He will continue to advance the care of trauma patients at the University of Texas in Houston. Many service members will be coming home to the ones they love and who love them—all because of the untiring passion of John Holcomb to improve combat casualty care.